



Naturopathic National Council, Inc.

National Licensing Agency for Traditional Naturopaths

Lic# _____

Val# _____

Effective: _____

NATUROPATHIC LICENSURE APPLICATION

LICENSURE BY: REINSTATEMENT ENDORSEMENT RENEWAL ACHIEVEMENT

LAST NAME _____ FIRSTNAME _____ MI: _____

MAIDEN NAME _____ GENDER _____

DATE OF BIRTH: ____/____/____ SS#: ____/____/____

ARE YOU A US CITIZEN YES NO IF NO, NAME STATUS _____

NAME AND ADDRESS AS IT WILL APPEAR ON LICENSE:

NAME: _____

ADDRESS: _____
No. & STREET CITY STATE ZIP CODE

DAYTIME PHONE #: (____) _____ EVENING (____) _____

E-MAIL: _____

UNDERGRADUATE EDUCATION:

INSTITUTION: _____

ADDRESS: _____
No. & STREET CITY STATE ZIP CODE

TITLE ON DEGREE/DIPLOMA _____ DATE RECEIVED ____/____/____

PROFESSIONAL EDUCATION:

INSTITUTION: _____

ADDRESS: _____

TITLE ON DEGREE/DIPLOMA _____ DATE RECEIVED ____ / ____ / ____

HOW LONG HAVE YOU BEEN IN PRACTICE: _____ FROM ____ / ____ TO ____ / ____

LIST ANY OTHER MEDICAL LICENSES YOU HOLD: _____

NOTARIZATION

Do you have pending or ever been convicted of a felony involving moral turpitude? yes no
Have you ever undergone treatment for use of drugs, narcotics or intoxicating liquors? yes no
Have you ever received treatment for any emotional disturbances or mental disorders? yes no
Have you ever had any professional licenses revoked in any other field of practice? yes no

PHOTOGRAPH On this _____ day of _____ of 20_____.

*Affix a recent
passport type
photograph of
applicant
here.* _____ (applicant's name)
personally appeared before me, who being duly sworn says that she/he is
the person referred to in the foregoing application and that the
photograph attached hereto is a true picture of self and that the
statements made herein are true in every respect.

Signature of Applicant

Sworn to before me this _____ day of _____ of 20_____

Signature of Notary Public My commission expires _____

Application will not be processed without all required documents and fees.

Fees for Licensure:

Naturopathic National Council, Inc. is tax exempt as a medical board under IRC 501(c)(6). Licensure fee is tax deductible as a trade or business expense. Please return this application and fee of \$50.00 for the Jurisprudence Examination and processing fee of \$450.00 for a doctor's license or \$350.00 for consultant's or therapist license (certified check or money order) Make check payable to "Treasurer, Naturopathic National Council" P.O. Box 113255 Stamford, CT 06911. Fee is non-refundable due to the administrative work involved in determining eligibility status; therefore, applicant must be sure to read carefully the *Eligibility Requirements* before applying.

Documents Required to Process Application:

1. Completed application notarized with a passport type picture attached.
2. Official transcripts of all pre-professional education, sent directly from each institution where studies were undertaken to this office; documents will not be accepted from the applicant.
3. Official transcript(s) of professional education, verifying the award of the degree sent directly from the school to this office; documents will not be accepted from the applicant.
4. Verification of any professional licenses currently held.
5. Official transcript of successful completion of the board certification examination from the American Naturopathic Certification Board (ANCB) (Doctors only).
6. Official transcript of successful completion of the board certification examination from the American Association of Nutritional Consultants (AANC) (Consultants only)
7. Verification of completion of any continuing education undertaken by doctors for renewal of license.
8. Photocopy of medical degree/diploma (certified by the issuing institution and notarized).
9. A certified copy of a birth certificate or a notarized copy. (Notary must attest that it is a true copy of the original).
10. Verification of immigration status, if not a U.S. citizen. (Notarized copy of passport or naturalization certificate, notary must attest that it is a true copy of the original document).
11. Documentation of any name change (notarized).
12. Copy of malpractice insurance face sheet.
13. Verification of experience in the field of naturopathy if applicable.

Jurisprudence Examination:

All applicants are required to take the jurisprudence examination. The jurisprudence examination consists of 75 true/false and multiple choice questions that are based on all the official correspondence written to the state that are posted on the Naturopathic National Council's website e.g. (document entitled exposition). The examination is taken online by going to the page entitled *examination*. Applicant is given a username and password after their application is submitted and processed. Applicant will be notified when the administrative process of their application is complete. The starting date and time of the exam is decided by the applicant but must be within 7 days of notification. The duration of the test is 2 hours. The minimum passing grade is 85%.